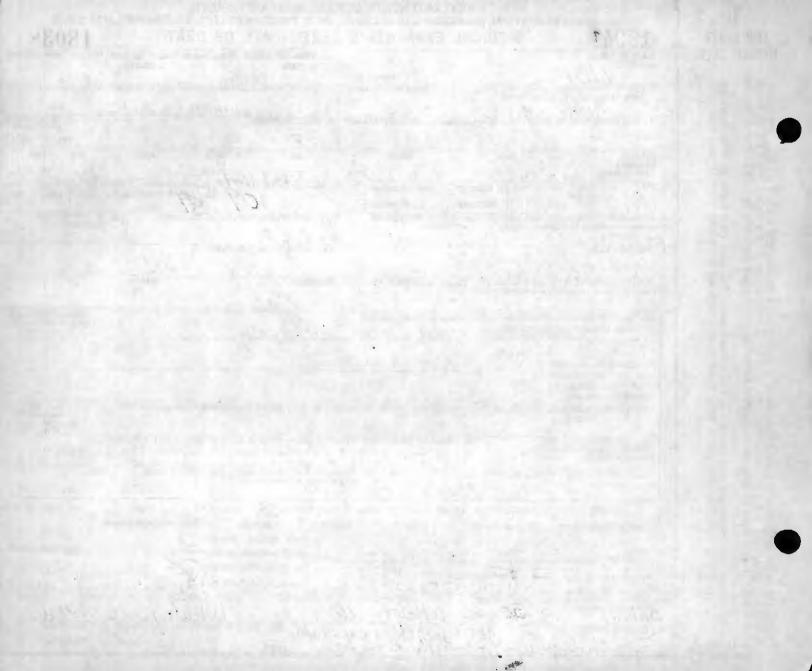
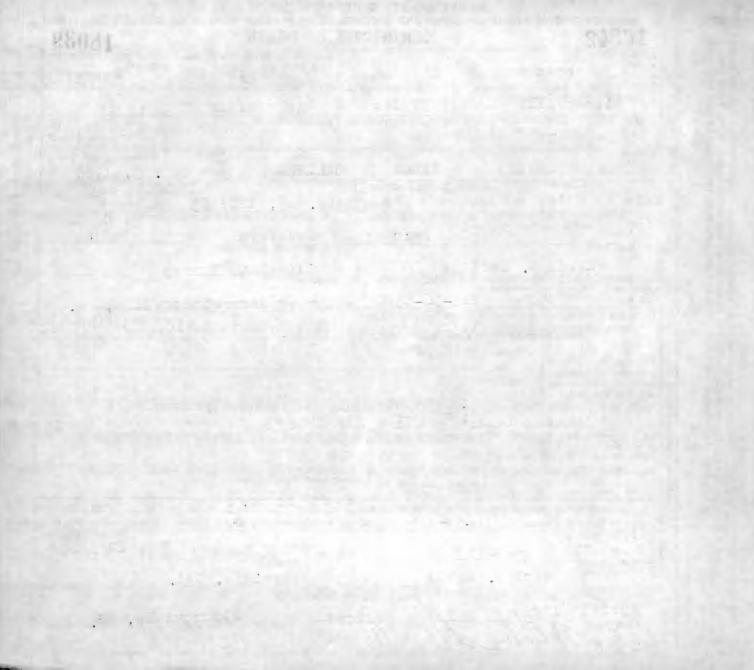
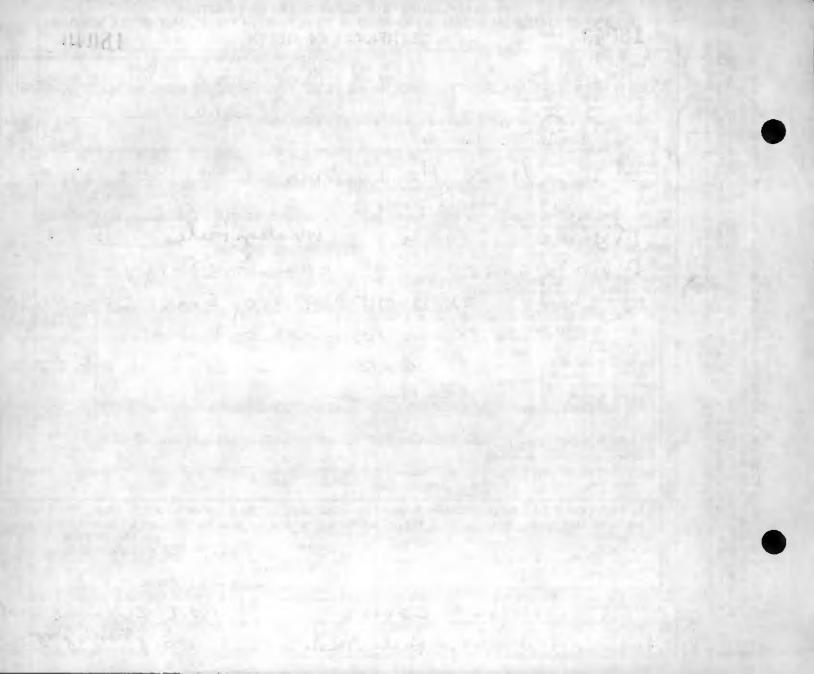
2-10	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
FOR STATE	18041 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	18038
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY c. STATE b. COUNTY c. STATE b. COUNTY c. STATE c. c	sidence before admission)
55 2 EAV	WARYLAND MARYLAND	OR.
Ssan and the san the s	b) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	end give neerest town)
the contract of the contract o	d. NAME OPHOSPITAL OR INSTITUTION (if not in hospital, give street address) U. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
delay is necessary, and 3 to the funeral Page 5 may be State Department hours after decth.	and the second s	YES NO X
any dela 2, and PM3. F h the St n 72 hou	3. NAME DE PIEST DECEASED (Type or print) OPOR (ID AFT) AFT ALL AFT OF DEATH OF DEAT	Day Yeer
f any 1,2,1 PN 1,2,0 In 7	5. SEX 6. COLOR OR RACE / MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 JACE (In years IF UNDER)	19 66 1 YEAR IF UNDER 24 HRS.
fth. If a form P form P within	WIDOWED DIVORCED Z/6/08 Sand Olrthday) Months	Days Hours Min.
er dealive Pai with	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CI (State or	TIZEN OF WHAT
urs afte n 18. Gi along pages 1 in any e	13. FATHER'S NAME	SH
ours and 18	GRORGE FOUNDS ARMSTRONG ANNIE DALE	
office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. (Yes/no, or unknown) (Hyes give war or dates of service)	
within 2 pencil in miner's 0 permit.	THE Police	LOTENIA DEPUEDA
AL EXAMINER. This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, I should be forwarded to the Chief Medical Examiner's Office along with form 7 files. CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in any event within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
ecute al Ex ransi on, o	932. 8 IMMEDIATE CAUSE (a) 17 CLASS ALVERY 1 MAN AND POST OF THE TOTAL OF THE POST OF THE	
uld be executed 1 "pending" in sf Medical Exan a burial-transit cremation, or	Conditions, if eny, which are to immediate (b) Alcoholic intoxication	
d "p d "p d "p a bu	cause (a), stating the DUE TO	- 1 222
ficate sho the work o the Chi used as to burial,		19. WAS AUTOPSY PERFORMED?
the o the use to b	None	YES NO
ER. This certificate, writing forwarded to 3 should be agent, prior		gestion
This war	and fell in ditch and died from exposure 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
MER: ficate de 3 de 3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Whaleysville W	ore. Md.
CAMING Certifuld to S. S. Pag	21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry ,	and in my opinion
AL EXAMINER the certificate the certificate triples. In files.	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Fig. 6	EXAMINER'S L TO DEPUTY MEDICAL EXAMINER	Lec 24, 66
O DEPUTY M please exec director. Paretained for FUNERAL of Health of	23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or countries)	inty) (State)
ple direction of	BURIA (Specify) 12-30-66 Whalefulle Whalefulle	SSIGNATURE
VR A15ME	24. FUNERAL DIRECTOR JOELLY LADDRESS Lind Chapel 250. REGISTRAP 25	Judge.
3500 4-64	The second of the second with the second of	1 9



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
로 등이로	18042 CERTIFICATE OF DEATH	18039
hours after death. d in by the funeral rs. Pages 1 and 2 thours after death.	1. PLACE OF DEATH a. COUNTY FORCESTER MARYLANO 2. USUAL RESIDENCE (Where deceased lived, if institute a. STATE Maryland b. COUNTY	Worcester
ours after in by the Pages J iours after	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) 57 Yrs c. CITY OR TOWN (if outside corporete limits, write	RURAL end give nearest town)
fille n 77	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) XX	6. IS RESIDENCE ON A FARM? YES NO
within pletely arbon rt, witi	3. NAME OF First Middle Last 4. DATE Month OF OF OF DECEASED (Type or print) LEVIN JAMES COLLINS DEATH Dec. 3.	Day Year 1966 19
cuted d com	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (in years IFF last birthday) Mo	INDER 1 YEAR IF UNDER 24 HRS
be exe	10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
ficate be	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	<u>USA</u>
ath certifica attending ph ermit. Their n, or remova	Levin D. Collins Elizabeth Murray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. IMFORMANT Address (Yes, no, or unknown) ((flyes give war or dates of service)	
e death c the atten it permit. nation, or i	XX 215-36-0301 Ethie Colling Hishopvill	e Må
an. an. d by rans cren	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wyed turner R portated Flund One of the portated F	INTERVAL BETWEEN ONSET AND OEATH
ires the physici signed burial-t burial,	Conditions, If any, which (b)	
requir nding p s been s the b ior to b	cause (a), stating the OUE TO underlying cause last. (c)	
i. The law requial or attending all or attending ficate has been for use as the Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF TO CAU	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
YSICIAN: The shospital or since tracked for us bept. of Health		em 18.)
NG PHYSIC by the hos offer this co be detache State Dept.	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work et work	(County) (State)
ENDING I	21. I certify that (I) (this hospital) attended the deceased from 30 - 1966, to 3 - 2 - 1966, and that death occurred at 6 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	1966, that (I) (we) las
L OR ATTENE y be retaine DIRECTOR: age 3 should	22a, SIGNATURE 2	2b. OATE SIGNEO 12/3/66
PITAL OR 4 may be ERAL DIR or, page or, page	22c Physician's NAME (Type) Jack C. Lewis Selbyville, Del.	
TO HOSPITAL of Page 4 may by the FUNERAL of director, page should be file	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town	or county) (State)
ml m	24. EUNERAL OIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. Ree!	STRAN'S SIGNATURE
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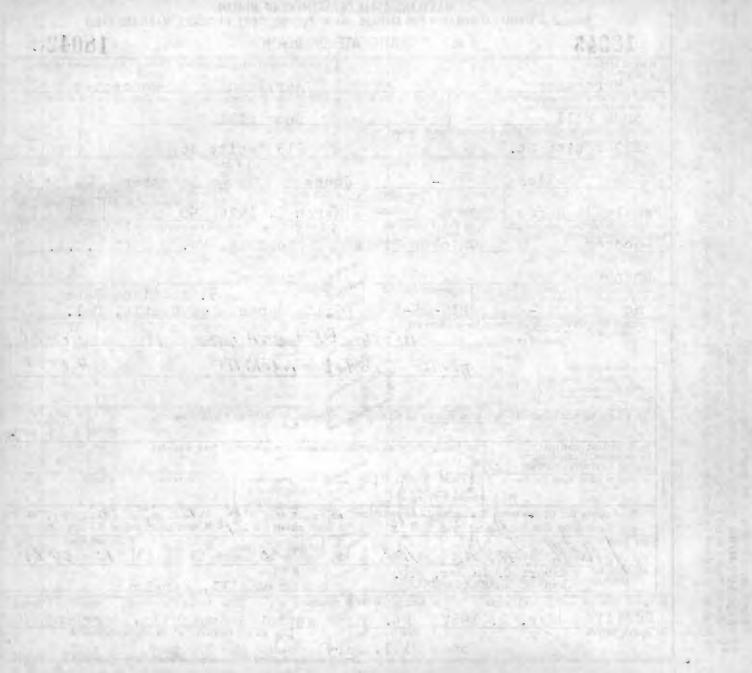
1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ΔΡΥΙ ΔΝΩ
i ave		18043 Thom #1d Fi CERTIFICATE OF DEATH 18	141)
hours after death. Jin by the funeral s. Pages 1 and 2 hours after 1 and 2	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: R b. CDUNTY	sidence before admission
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nours after I in by the s. Pages 1 hours after		write RURAL and give nearest town) Sec. (A)	and Rive nearest town)
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ithin 24	3.	RFD Hays Landing Rd. (at home)	YES NO NO
ted within 24 hour completely filled in ve carbon papers. I event, within 72 hou	3.	NAME DF DECEASED (Type or print) JAMES HENRY EYAN & DEC.	Day Year
executed wi	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER	YEAR IF UNDER 24 HRS
execu	10	WIDOWED DIVDRCED 80 yrs.	TIZEN DF WHAT
Teate be explicate by physician a please re wal, and in a	dù	ring most of working life, even if retired) INDUSTRY (UNTRY?
physen plant	13	. FATHER'S NAME 14. MDTHER'S MAIDEN NAME	1 20 2
nding The	11	DAVID GUANS WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SDCIAL SECURITY NO. 17, INFORMANT Address	
PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. this certificate has been signed by the attending physician and completely detached for use as the burial-transit permit. Then please remove carbon is bet, of Health prior to burial, cremation, or comoval, and in any event, with	Ϋ́	es, no, or unkown) ((If yes pive war or dates of service) 220-12-0915 Mes. ANDY EVANS B5	RLIMME
at the deal an. d by the al ransit per cremation,		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
es that the hysician. signed by t urial-transit urial, crema		PART I. DEATH WAS CAUSED BY: [A) Chronic Myoundities, ocute attach	
uires tha g physici n signed burial-to burial,		Conditions, if any, which DUE TO Chr. Nephritis	13 days
ding ding been the b		gave rise to immediate cause (a), stating the DUE TO	
law re nttendii has bo e as th	NO	underlying cause last.) (c) *** Control of the terminal disease condition given in Part 1(a)	19. WAS AUTDPSY
the last or attificate he for use	CAT		PERFORMED? YES NO
CIAN: The law requirespital or attending to certificate has been hed for use as the bt. of Health prior to bt.	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18. DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER))
PHYSICIA the hospi this cert detached e Dept. of		20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	nty) (State)
ING P by th lifter 1 be de State	MEDICAL	Hour a.m. While Not While at work at work at work at work	
TTENDI etained TOR: A Should th the		21. I certify that (I) (this hospital) attended the deceased from 22-, 1944, to 8-2-, 1944 saw the deceased alive on 8-4 1944, and that death occurred at 4 M, from the causes and on the	
ATT RECTO 3 sho	1	22a. SIGNATURE 22b. D.	ATE SIGNED
AL OR Hay be page page		Chas R Faw M.D. ATTENDING MED. STAFF 12-	8-66
SPITA 4 m NERA Itor, 1	/	NAME (Type) Perlin Md.	
Page 4 may be retained by the Functor, page 3 should be glied with the State	23	REMOVAL (Specify)	I a I s
1 - 6	1	1. FUNERAL DIRECTOR ADDRESS , 25a. REC'D BY REGISTRAR 25b. REGISTRAR	SSIGNATURE.
VR A15 (4) 15M 4-64	2	Anne A. Benboye Bulin M. DATE DEC 12 1986 John	as Just
Addition 1 Add	- Common		



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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funeral 1 and ter dean			LACE OF DEATH OUNTY	ster		MAR	YLAND	2. USUAL RESIDENCE (V o. STATE Marylar		b. COUNT		
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completely nave carban y event, wi		S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D B.	DATE OF BIRTH	9. ,		IF UNDER 1 YEAR Manths Days	IF UNDER 24 HRS Haurs Min.
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2			FATHER'S NAME					14. MOTHER'S MAIDEN N				
2 2 2				H. Davis	10	COCCUPATION AND		Erexine	Dixo			
ian. by the attending pt transit permit. Then cremation, or remove		{Yes	, no, ar unknawn) No	R IN U.S. ARMED FORCES? (If yes give war ar dates	af service)	SOCIAL SECURITY NO.		FORMANT s. Ethel	GJ edd	Addres		L. Md.
e at per tion		T	18. CAUSE OF DE	ATH (Enter anly ane co	use per line fa	r (a), (b), and (c).)		c Editor	<u>urada</u>	LIK DI	INTE	RVAL BETWEEN
physician. signed by the burial-transit p			PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(o)	M.	yoca	edeal 3	-ufur	chan	ONS	ET AND DEATH
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			rise to immediate stating the under	lying cause Dul	TO				_		(Jon .
trending as been as the priar ta			last.		(c)			Sclevos				fais.
0 4 84	pital ar a strifficate hed for use of Health	CERTIFICATION	PART II. OTHER SIG	^	CONTRIBUTING		A .	E TERMINAL DISEASE (ON	DITION GIVEN	IN PART I(a)		WAS AUTOPSY PERFORMED?
			20a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING	205. D	ESCRIBE HOW INJURY O	CLURRED. (E	nter nature of injury in I	Part I or Part II	af item 18.)		
De ta		MEDICAL	20t. TIME OF INJU Hour o.m	10	20d. While	INJURY OCCURRED B Not While of work		OF INJURY (Hame, farm y, street, affice bldg., etc.)		City or town)	(County)	(State)
After the be de State		1	21. 1 certif	y that (I) (this ha	spital) atter	ded the deceased	fram	Jun. 1	9.63, ta	Dec	_, 19 Ldo th	at (I) (we) la
ould auth			saw the de	ceased alive an_	De	22-19-60	and that	death accurred at	M,	fram causes a	nd an the date	stated above
be reto	3		22a. SIGNATURE	Dar	21	Zom	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNI	24-66
S P P P P P P P P P P P P P P P P P P P			22c. PHYSICIAN'S NAME (Type)	DA	Cive	RAFI	7-T	22d. ADDRESS	Sn	ow the	ur	W.
Page 4 r FUNER director, should b	1	23a.	BURIAL, CREMATIO		IEREOF	23c. NAME OF CEM	ETERY OR CR	REMATORY	23d. LOCA	TION (City or Tow	n) (Caunty)	(State)
Page direct shou			REMOVAL (Specify) Burial		26/66	Bates	Met	hodist		w Hill	Maryl	and
VR A15 (4)		24.	EUNERAL DIRECTO	dul.		ADDRESS	37		8 1966	25h REG	STRAR'S SIGNATUR	E CL
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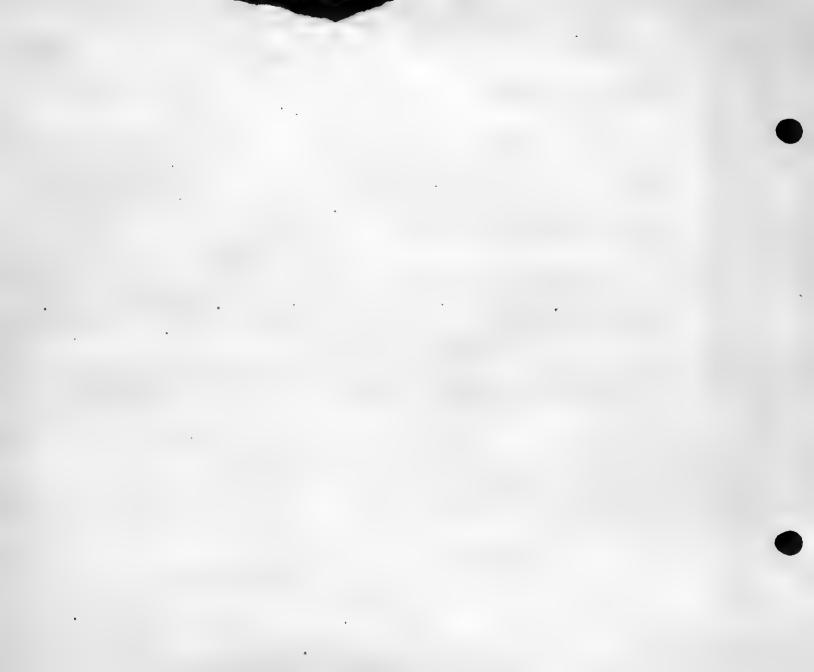
1504 And tenting the second second DIRECTOR to we a first to the second of \$50.00 miles | 10.00 miles | 1 ATEL ESTIMATE X while store . W. pale Processor _ was compared to the control of the control o . Marie Shore, Thorn In 12 Mar The state of the s THE COMMENT OF THE PARTY OF THE to the state of th



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18046 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased I ved, if institution. Residence before admission. o. STATE Maryland o COUNTY **b** COUNTY Worcester of Worcester 2 deoth. MARYLAND Department C LENGTH OF STAY IN 16 c CITY OR TOWN (It outs de corporate limits, write RURAL and give nearest town) b. CIY OR TOWN (If outside corporate mits, ond write RURAL and give nearest town)
Snow Hill Newark d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? forwarded to the Chief Medical Examiner's Office along with form 8. Give Pages 1, hours Bay Street Faderal & Washin ton St . YES NO IN This certificate should be executed within 24 hours ofter death 3 NAME OF Middle DATE Lost Month Dov Year DECEASED OF. 19 66 HENRY KUNKEL 13 JOHN December (Type or print) DEATH with w.th AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRHED 130 **NEVER MARRIED** 8 DATE OF BIRTH Doys lost birthdoy) Months 1 Hours Male Thite DIVORCED moril 13,1893 W DOWED event lond 2 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT ducing most of working te, even if retted)
Civil Engineer (Retired INDUSTRY COUNTRY? any Philadelphia, Pennsylvania USA 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Sebastiana Kunkel Ottile Linder Mrs. Evalyn M. Kunkel 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, pg. or unknown) (If yes give war or dotes of service) 160-09-4850 Bay Street, Newark, Laryland NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE TO writing the ward cremotion, DUE TO arterischerte Conditions, if any which gave rise to immediate couse (a), DUE TO stoting the underlying couse 0 Disease S buriol, PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN N PART ICO WAS AUTOPS PERFORMED? YES CX NO the certificate, þe 20a EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of Item 18) 3 should 1 TAL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d IN JRY OCCURRED PLACE OF INJURY (Home, farm) 20f (City or town) (County) (Stote) Not While foctory, street, office bldg, etc.) Norc SMOW) HULL wash SI of work 21. I certify that I taak charge of the remains described above, held an Autopsy X. Inspect an x Inquiry x and in my apinian death resulted from: Natural causes Accident [] Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY the funeral DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** David Rafat . Address (Street, city, town, or county) oh NAME (Type) 104 N. Bay Stre 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION, (County) 0 REMOVAL (Specify) Dec. 16, 1966 Bowen Cemetery Newark, warvland 25b REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Mcliarles & VR A15ME (5) 1966 HOLLCHAY & COMPANY, SALISLURY, LARYLAND



MARYLAND STATE OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 62 55EX MARYLAND r delay is necessary, and 3 to the funeral 3. Page 5 may be b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write BURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? State hours NAME OF Month First DATE DECEASED (Type or print) DEATH DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NE DIVORCED and a 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND DF BUSINESS OR BIRTHPLACE (Steta or foreign country) during most of working life, even if retired) 13. FATHER'S NAME and Address'Selbyville, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFDRMANT removal, (Yes, no, or unknwn) | (If yes give war or dates of service) Yes /6li Anna P. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
- IMMEDIATE CAUSE (a) 10 burial-transit DUE TO Conditions, if eny, which (b) gave rise to immediate DUE TO cause (a), stating the 62 underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? 20a. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) should | gent, pri the certificate, writ 3 shoul CAL 120s. PLACE OF INJURY (Home, farm, (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While et work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection FUNERAL DIRECTOR: Undetermined manner Suicide death resulted from: Natural causes Accident 📉 Homicide CHIEF MEDICAL EXAMINER for your Page ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 Health EXAMINER'S director. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 9 66 Long's Cem. Selbyville, Dela. 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR I 24. FUNERAL DIRECTOR DATE DEC VR A15ME C Selbyville, Dela. 35DD 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18048 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death. physician and completely filled in by the funeral employers remave carbon papers. Pages 1 and 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY Worcester o. SIAIF Maryland Worcester ve carbon papers. Pages 1 event, within 72 haurs after MARYLAND c CITY OR FOWN (If autside corparate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 15 write RJRAL and give neglest town)
Eden (Rural Snow Hill (Rural) d STREET ADDRESS d. NAME OF HOSP TAL OR INSTITUTION (If not in baseita, give street address) ON A FARM? Route Route YES TO NO 3 NAME OF First Middle Last 4. DATE Month Doy Year DECEASED DET LA December 1966 (Type or print) DEATH S SEX IF JINDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH AGE (in years F UNDER 1 YEAR 7 MARRIED NEVER MARRIED last birthday) Days Haurs Female White WIDOWED DIVORCED Sept. 10g USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even fretired)
Housewife COUNTRY? INDUSTRY Own Home Worcester County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Dickerson John H. Shockley WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Rt. Addres (Yes, no, or unknown) (If yes give war ar dates of service) No Henry Shockley. Eden, Maryland 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH exemen IMMEDIATE CAUSE (a) DUE TO 5 month Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the prior tal O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO D far 20a ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) Haur o.m. factory, street, office bldg., etc.) Not While at wark Page 4 may be retained by 21. I certify that (I) (this haspital) attended the deceased from Now 13 , 1966, to Dec 2 1969 that (1) (we) last saw the deceased alive ap New 26 1966, and that death accurred at M, fram causes and an the date stated above. 220 SIGNATURE DATE SIGNED 1aul filed M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Frank Giganti Princess Anne, Maryland directar, shauld be 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY. 23d LOCATION (City or Town) (County) (Stote) 250 REC'D BY REGISTRAR 25b. REGISTRARS SIGNATURE Olive FUNDERAL DIRECTOR VR A15 (4) 20 M 1/66 Snow Hill.



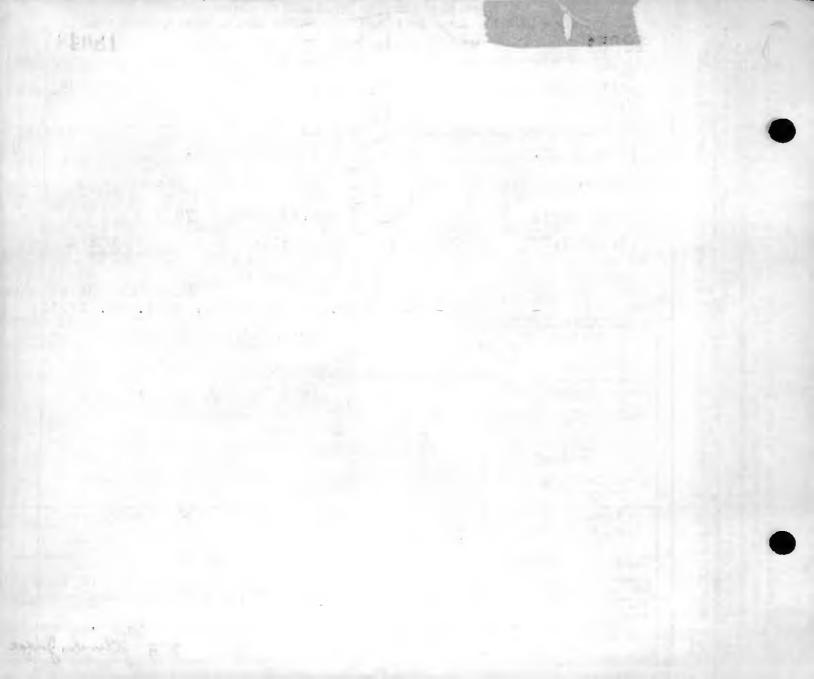
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 24 hours after death PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write, RURAL and give nearest town) and completely filled in by remove carbon papers. Pag n any event, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? No Z 3. NAME DE First Middie DATE Month Lest DECEASED (Type or print) DEATH 5. SEX AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HR 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) death certificate be 13. FATHER'S NAME the attendit permit. (Yes, no, or unkown) (If yes give war or dates of service) s been signed by and the burial-transit permit of to burial, cremation, of 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH Cardiac degeneration PART I. DEATH WAS CAUSED BY: Vrs IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Cardio-vascular Conditions, if any, which vrs. gave rise to immediate Disease DUE TO cause (a), stating the Essential Hypertension underlying cause last. VIS. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate Varicose ulcer, right leg NO x YES 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) Hour e.m. While at work Not While at work hould h the S 21. I certify that (I) #Ursphesmital) attended the deceased from and that death occurred at _____M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed w MED. FUNERAL PHYSICIAN'S 22d. ADDRESS Sully, Box 126, Berlin, Md. 21811 Ivory Jr., 0. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coupty) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 2DM 1/65



1_	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
ਵ ਲ≪ਦੇ	18050 CERTIFICATE OF DEATH	18047
hours after death, d in by the funeral s. Pages 1, and 2 t hours after death.	1. PLACE OF DEATH a. COUNTY Worcester Worcester MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institute a. STATE LIARY Dand b. COUNTY	tion: Residence before admission.
urs aft n by th Pages ours aff	b. CITY OR TOWN (If outside corporate limits, write write with and clystoparest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write write write write with a leyville	(URAL and give nearest town)
24 fille aape in 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS XX RD	e. IS RESIDENCE ON A FARM? YES NO
completely ve carbon event, with	3. NAME OF DECEASED (Type or print) Charles H. Smith Dec. 17	- 20
executed Within and compretely remove carbon i any event, with	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 00t. 29, 1900 9. AGE (In years lift) More widowed Divorced Oct. 29, 1900 9. AGE (In years lift) More widowed More widowed	INDER 1 YEAR IF UNDER 24 HRS nths Days Hours Min.
e be es sician a lease re and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Farm Maryland	12. CITIZEN OF WHAT COUNTRY? USA
rtificat ing phy Then p	13. FATHER'S NAME Max Smith Lucy Jones	
e death certificate be executed we the attending physician and compute permit. Then please remove car lation, or removal, and in any event,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 212-16-1414 Helen Smith Whaleyville,	Md.
requires that the ding physician. been signed by the burial-transitr to main, creming the state of the state	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Underlying cause last. C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	INTERVAL BETWEEN ONSET AND DEATH
HYSICIAN: The law the hospital or attentific certificate has letachell fir une as lept. If last prior	20a ACCIDENT WAS INDERLYING D. 20b. DESCRIBE HOW INTIRY OCCURRED. (Enter nature of intury in Part I or Part II of its	PERFORMED?
PHYSICII / the hosp if this cell detachell if lept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Port While Not While	(County) (State)
FO HOSPITAL OR ATTENDING F Page 4 may be retained by to FUNERAL DIRECTOR: After Tirector, page 3 should be almount in filed with the Statu	21. I certify that (I) (this hospital) attended the deceased from 19 to	19 that (I) (we) last on the date stated above 2b. DATE SIGNED
TO HOSPITAL OR Page 4 may be TO FUNERAL DIR Tirector, page Thousall filed	22c. PHYSICIANS NAME (TOPE C), FRONT E. SCHOLL) DENIM, Md.	
TO HOSPIT Page 4 I TO FUNER Lirector,	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY PIttsville,	me.
VR A15 (4)	24. FUNERAL DIRECTOR Whaley Sullequelle Del, DATE DEC 21 1966	STRAR'S SIGNATURE
101		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Worcester Worcester o. STATE Maryland 3 to Page death MARYLAND Department b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
Snow Hill c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) haurs ofter Snow Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? form in Item 18. Give Pages 1, with the State D within 72 haur Federal NO X Federal St. miner's Office alang with 3. NAME OF 4. DATE Year DECEASED OF DEATH (Type or print) (MARGIE) STAGG December 19 66 with 1 IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 78 yrs. Days Manths Hours WIDOWED event White Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT WOUSTRY Home Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil This certificate shauld be executed within = Unknown Unknown 610 Modelsoch Raven Blve 5 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no ar unknown) (If yes give wor at dates of service removal 18-20-4680 Mr. Edward Davis. Balt. Md. 21212 pending permi No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH foourdial 10 IMMEDIATE CAUSE (o) writing the ward burial, crematian, DUE TO 2 &TerioscleroTic Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse 0 hypertensive Diseas nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? 20 hosure NO the certificate, agent, priar ta 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 3 should CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, affice bldg , etc.) may be retained for your FUNERAL DIRECTOR: Page at wark designated 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry V ond in my opinion Suicide | funeral director. death resulted from: Natural causes Accident . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 5 **EXAMINER'S** Rafat MD, Snow Hill, Womeester, Manualand Health David NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 50 Loudon Park Baltimore. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Melanles VR A15ME (5) 966 Snow Hill, Md. DATE



1 (M	MAR DIVISION OF STATISTICAL RESE	R YLAND STATE DE F EARCH AND RECORDS	PARTMENT OF , 301 W. PRESTOI	HEALTH N STREET, BALTIMO	RE 1, MARYLAND
funeral dand 2 and		CERTIFICATI			18049
1. PLAC	E DF DEATH		2. USUAL RESIDENC	E (Where deceased lived, If ins	titution: Residence before admission
	cester	MARYLAND	a. STATE Maryland	b. COUN	ester
b. CI	TY OR TOWN (if outside corporate limits, rite RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, wr	Ite RURAL and give nearest town
Rura	al. Berlin	The second second	Bishopvi	17a P11	ral 23.1
	AME OF HOSPITAL OR INSTITUTION (if not in I	hospital, give street address)	d. STREET ADDRESS	11.6	e. IS RESIDENC
			•		YES ND
3. NAME DECE	E DF First	Middle	Last	4. DATE Month	
(Type	or print) Virginia	V. W	aters	DEATH Dec.	9, 1966
5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
Fema	ale Colored WIDOWED		1/15 / 190	04 62 yrs.	
10a. USUA during mo	AL OCCUPATION (Give kind of work done 10b. (ost of working life, even if retired)	KIND OF BUSINESS OR		unty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
maid	d	1110001111		r County Md.	U.S.A.
13. FAT	HER'S NAME		14. MOTHER'S MAID		
Sam	Edgar Purnell		Harriet :	Porter	
15. WAS			INFORMANT	Addres	
no		95-05-1490 Ca	rter Water	rs Bishopv	ille, Md.
18.	CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	01		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	orondry	Miros	rebere	ONGET AND DONN
1 1	1201 DUE TO		1 7	· ·	
	litions, if any, which) (b)	Myor	andel	es	
gave	rise to immediate DUE TD	1-1	1		
	erlying cause last.) (c)	The war	leure		
PART 20a. OR C (IF E	II. DTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	SISEASE CONDITION GIVEN IN	PERFORMED?
FICE					YES NO
20a. OR C	ACCIDENT WAS UNDERLYING [] 20b. CONTRIBUTING [] CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II o	r Item 18.)
					76
MEDICAL 20c.	TIME OF INJURY Month, Day, Year 20d. Hour a.m. While	INJURY OCCURRED 20e. PLACE factor	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
ME ME	p.m. 19 at wor				/ /
	1. I certify that (I) (this hospital) attend		2-0-61	by, to 12-9-	-415 that (I) (we) las
	aw the deceased alive on	8 - 19-6, and that	death occurred at	M, from the causes	and on the date stated above
22a.	SIGNATURE OF 150	6 Pot mi	ATTENDING -	MED. STAFF	22b. DATE SIGNED
202	CHADIA C.	Chay III.M.g	ATTENDING DEPHYS.	MED. STAFF PHYS.	
22c.	NAME AVOR	Schott M.D.	Berlin.	Maryland	
02a P***				1 23d. LOCATION (City, to	own or county) (State)
23a. BUI	rial, cremation, 23b. Date thereof moval (specify) 12/12/66				
	1al 12/12/66	Showell Cem	1 e 25a. REC	Showell, Ma	EGISTRAR'S SIGNATURE
P.	1 1 1 1		, T	TEC 1 3 1966	Miarles Judge
7111	Marson se	Jany value of the	DATE L	JEO I D 1400	1 00

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